

HEALTH DEPARTMENT LETTERHEAD

COVID-19 (Coronavirus Disease 2019) ISOLATION ORDER

COVID-19 is a respiratory virus that can cause illness including fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, or other symptoms listed here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. In some patients COVID-19 causes severe illness and death. It is passed from person to person, including by coughing or sneezing. On January 30, 2020, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. On January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency in the United States for COVID-19. On March 10, 2020, Governor Cooper declared a state of emergency in North Carolina due to COVID-19. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. On March 13, 2020 the President of the United States declared that the COVID-19 pandemic in the United States constitutes a national emergency. The primary mode of transmission of COVID-19 in the community is from person-to-person. Preventing the spread of COVID-19 is critical to protecting the public's health. The further spread of COVID-19 in the community could have severe public health consequences.

You have been diagnosed or are reasonably suspected to be infected with the virus that causes COVID-19. Your infection requires public health restrictions under this order to prevent further spread of infection. You must comply with this order until you meet the requirements for discontinuation of isolation, outlined below, that indicate you are no longer at risk for spreading the virus to others.

I, _____ (name), Health Director of _____ Local Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this isolation order to _____ (Person's name) (Date of Birth: ____/____/____).

REQUIREMENTS OF THIS ORDER

Restrictions of Movement:

☐ Remain at (address) _____ until the following conditions for discontinuation of isolation are met, as provided in guidance from the Centers for Disease Control and Prevention (available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>): At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath);

AND EITHER:

1. At least 10 days have passed since symptoms first appeared; OR
2. You have received two negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from two consecutive respiratory specimens collected ≥ 24 hours apart.

☐ If you plan to move to a new address or leave the county, you are required to obtain approval from the _____ Local Health Department at () _____.

Required Actions:

☐ Contact the health department immediately if you develop new or worsening symptoms like fever, cough, or shortness of breath.

☐ If medical evaluation is needed, seek medical care. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. If EMS transport indicated, it should occur with pre-notification to Emergency Medical Services (EMS) and with all recommended infection control precautions in place. Next notify the _____ Local Health Department at () _____.

☐ If a medical emergency arises and you need to call 911, inform the First Responders that you have or are suspected of having COVID-19. Next notify the _____ Local Health Department at () _____.

☐ Adhere to all guidance from the Center for Disease Control and Prevention for persons with suspected or confirmed COVID-19 that is provided with this isolation order and found at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

☐ Keep a log of visitors to your home using the form provided. Notify any visitors to your home of your isolation status.

☐ Other requirements: _____

HEALTH DEPARTMENT LETTERHEAD

Failure to comply with this order is a violation of G.S. 130A-145. If you fail to comply with this isolation order, you may be subject to injunctive relief (G.S. 130A-18) or prosecution for a misdemeanor offense pursuant NC law (G.S. 130A-25) and punishable by up to two (2) years imprisonment. You may petition the Superior Court for review of the restriction of your freedom of movement contained in this isolation order pursuant to G.S. 130A-145(d).

You have been properly informed and counseled by _____, R.N., Communicable Disease Nurse with the _____ Local Health Department regarding the control measures for COVID-19.

Your health and the health of our community are our top priorities. The staff of this Health Department remain available to provide assistance and counseling to you about COVID-19 and compliance with this isolation order.

Local Health Director: _____ **Date:** ____/____/____

Issued by: _____ **Time:** _____ **Date:** ____/____/____

I have received the original copy of this order: _____ **Date:** ____/____/____
Patient Signature